Healthier Mississippi Waiver

Section 1115 Quarterly Operational Report

Demonstration/Quarter Reporting Period:

Demonstration Year: 13 (10/01/2016 – 9/30/2017)
Federal Fiscal Quarter: 4/2017 (07/01/2017 – 09/30/2017)

INTRODUCTION

The Healthier Mississippi Waiver (HMW) Demonstration Program, Section 1115, was originally approved by the Centers for Medicare & Medicaid Services (CMS) for a five (5) year period beginning on October 1, 2004, through September 30, 2009. Since then, the demonstration was approved for renewal and under a series of temporary approvals for an additional five (5) year period beginning October 1, 2009, through July 23, 2015. Currently the demonstration has been approved for renewal effective July 24, 2015, through September 30, 2018 with the following changes: (1) an increase in the enrollment cap from 5,500 to 6,000 and (2) coverage of podiatry, eyeglasses, dental, and chiropractic services which were excluded from previous demonstration years.

The HMW Demonstration Program allows Mississippi to provide all state plan services, except for long-term care services (including nursing facility and home and community based waivers), swing bed in a skilled nursing facility, and maternity and newborn care to individuals with income up to one hundred and thirty five percent (135%) of the federal poverty level (FPL) who are aged or disabled, are not eligible for Medicare, and are not eligible under the Medicaid state plan.

ENROLLMENT INFORMATION

Enrollment	Total as of end of Current Quarter	Number of Voluntary Disenrolled in Current Quarter	Number of Involuntary Disenrolled in Current Quarter
	4,927	173	659

Enrollment counts are person counts, not member months. The enrollment cap is 6,000.

During the fourth quarter, there were one hundred seventy-three (173) voluntary disenrolled beneficiaries and six hundred fifty-nine (659) involuntary disenrolled beneficiaries. Voluntary disenrollment reasons include:

- Client request denial/closure,
- Death,
- Disability not confirmed,
- Income limits exceeded,
- Failed to comply with application requirements,
- Failed to comply with redetermination requirements,
- Moved out of state,
- Over resource limits,

- Required verifications not received, and
- Unable to locate.

Beneficiaries that are involuntarily disenrolled are those who became eligible for Medicaid under another category of eligibility or were approved for Medicare.

OUTREACH/INNOVATIVE ACTIVITIES

The Division of Medicaid (DOM) published brochures and other materials which include a description of the HMW eligibility criteria and benefits. Brochures are made available to the public in various sites throughout the state and are posted on the DOM's public website. During the fourth quarter, DOM's Outreach Coordinators provided HMW information at thirty-six (36) community events.

OPERATIONAL/POLICY DEVELOPMENT/ISSUES

There have been no operational, policy development or issues reported during quarter four (4).

CONSUMER ISSUES

There have been no reported consumer issues during quarter four (4). Appeals of denials, terminations or other adverse changes are granted by the DOM upon receipt of written request, provided the appeal is requested within the specified deadline of thirty (30) days.

QUALITY ASSURANCE/MONITORING

DOM Office of Eligibility staff continues to monitor the waiver enrollment process to ensure only beneficiaries meeting the qualifications for the HMW are enrolled. In addition, claims submitted for services excluded under the HMW are systematically denied.

DEMONSTRATION EVALUATION

The HMW Draft Evaluation Design was submitted to CMS for approval in November 2015. CMS responded with feedback on May 1, 2017. Based on CMS feedback, DOM revised and resubmitted the Draft Evaluation Design on June 30, 2017. CMS responded with additional feedback on July 18, 2017. On August 3, 2017, DOM asked CMS for clarification regarding the additional feedback. DOM submitted the Draft Evaluation Design with revisions to CMS for approval on September 28, 2017.

FINANCIAL/BUDGET NEUTRALITY DEVELOPMENTS/ISSUES

In accordance with the "Special Terms and Conditions", Section VIII, *Monitoring Budget Neutrality*, CMS shall enforce budget neutrality over the life of the demonstration, rather than on an annual basis. The following table includes the reporting of expenditures for those currently enrolled in the waiver.

Demonstration Year	Cumulative Budget Neutrality Expenditure Limit	Expenditures for current enrollees and those disenrolled within one year
Years 1 – 5	$350,250,000	$213,905,091
Year 6	$448,787,000	$289,909,421

Year 7	$552,743,535	$377,640,601
Year 8	$662,417,679	$473,168,820
Year 9	$778,123,901	$575,717,085
Year 10	$893,830,123	$690,331,933
Year 11	$1,029,989,323	$754,466,330
Year 12	$1,178,961,321	$832,608,978
Year 13	$1,341,951,584	$916,365,951

This quarterly report reflects the first five (5) years of the initial demonstration period, four (4) years of the renewal period effective November 1, 2010, and the extension period granted through July 23, 2015. Beginning in demonstration Year 11, prior year enrollees were not be reported in the cumulative expenditures. The cumulative expenditures for Healthier Mississippi enrollees for fourth quarter ending September 30, 2017 are $83,756,937. The cumulative variance is ($425,585,832). As of September 30, 2017, expenditures have not exceeded the cumulative limit.

Eligibility Group	**DY 13 10/01/2016 through 09/30/2017 Projected PMPM Expenditures**	**DY 13 Q 4 07/01/2017 through 09/30/2017 Average PMPM Expenditures**
Demonstration Population 1 – Medicaid only	$2,463.95	$1,733.20

The projected per member per month (PMPM) expenditures for the HMW demonstration population 1 is $2,463.95 for DY 13. The average PMPM expenditure for the fourth quarter ending September 30, 2017 was $1,733.20, which is less than the projected amount.

State Contact(s)

Margaret Wilson, Office Director of Policy
E-mail: margaret.wilson@medicaid.ms.gov
Telephone Number: (601) 359-5248

Fran D. Ingram, J.D., Deputy Administrator for Appeals, Policy and Program Integrity
E-mail: fran.ingram@medicaid.ms.gov

Walters Sillers Building, Suite 1000
550 High Street
Jackson, MS 39201-1399

Date Prepared

11/17/2017